



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SOUTH TEXAS RADIOLOGY GROUP
PO BOX 29407
SAN ANTONIO TX 78229-5907

Carrier's Austin Representative Box

54

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Date Received

MAY 11, 2012

MFDR Tracking Number

M4-12-2875-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We originally sent our bills to Mutual of Omaha on the patient as this is what was provided at the time of service. It was not until 12/30/2011 that we received the correct insurance information. Per 28 TAC 133.20 we have 95 days to claim once we became aware of new insurance information if we have previously billed Work Comp or Commercial Insurance."

Amount in Dispute: \$17.14

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor states it billed Mutual of Omaha for services it provided to the claimant on 9/6/11. Then once it was notified of the correct carrier it then submitted the bill within 95 days. However, the requestor has not provided any evidence to that assertion other than a screen print of its billing system. Objective evidence would be notification from Mutual of Omaha in the form of an explanation of benefits."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 6, 2011	CPT Codes 71020-26	\$17.14	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. Texas Labor Code §408.0272, effective September 1, 2007, provides for certain exceptions for untimely submission of claim.
3. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- CAC-29 – The Time Limit For Filing Has Expired.
- 731-Per 133.20 Providers Shall Not Submit A Medical Bill Later Than The 95th Day After The Date The Service For Services On Or After 9/1/05.
- Cac193 – Original Payment Decision Is Being Maintained. Upon Review, It Was Determined That This Claim Was Processed Properly.
- 724-No Additional Payment After A Reconsideration Of Services.

Issues

Does a timely filing issue exist?

Findings

Texas Labor Code §408.0272(b)(1)(C) states “Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title.”

The requestor states in the position summary that “We originally sent our bills to Mutual of Omaha on the patient as this is what was provided at the time of service. It was not until 12/30/2011 that we received the correct insurance information.” In support of their position the requestor submitted a copy of a computer screen that indicates insurance carrier was Mutual of Omaha. The requestor did not submit any copies of medical bills, certified green cards from the post office, copies of faxes, explanation of benefits, or anything that supports their position. The Division finds that the requestor has not supported position that they meet any of the exceptions described in Texas Labor Code §408.0272. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has forfeited its right to reimbursement. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Medical Fee Dispute Resolution Officer	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> 10/03/2013 Date
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YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.